

SOME PROBLEMS OF THE INSTITUTION  
LIBRARY ORGANIZER IN THE  
STATE HOSPITALS

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# SOME PROBLEMS OF THE INSTITUTION LIBRARY ORGANIZER IN THE STATE HOSPITALS\*

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Last year I had the pleasure of telling you something of library work in one of the large private hospitals for the insane; this year I want to speak of some of the problems the institution organizer will meet when she undertakes to set in order the libraries of the state hospitals.

In the first place, unless she is fortunate enough to be appointed by the State Board of Control or State Board of Insanity or their equivalent, she may at times feel that she is looked upon a little bit as an outsider by the hospital staff, as one who does not understand hospital conditions and who belongs to an entirely different order of things. She may even meet what seems to her indifference or actual antagonism on the part of a few superintendents.

The fact is, the library to librarians is of supreme importance, but the library to the average hospital superintendent is merely one method of providing entertainment or employment for his patients. He is much more interested in the new social service movement and the study of eugenics and heredity than he is in the general library, which, to his mind, is simply a part of the therapeutic system and even as such ranks far below useful employment and arts and crafts work.

This indifference or antagonism does not arise from any personal feeling nor is it confined to the library. It is the natural outcome of the peculiar organization demanded in a hospital for the insane, a general distrust of any outside interference in any department, and a thorough conviction that each hospital is entirely competent to manage its own affairs. In one state the state board refused the offer of the state library committee to organize its institution libraries for these very reasons. In another state, where the possibility of the state board appointing an

institution librarian of its own is under discussion, one superintendent remarked that he "could only say this; if it must come he was thankful it was coming from the *inside*, through the board and from one who knew hospital conditions."

Another reason for this seeming indifference on the part of the superintendents is that, in the East at any rate, a state hospital is *always* poor. It is poor and it is crowded, and its superintendent is harassed with having his requests for better accommodations for his patients, a new power house, larger kitchens and laundries, or quarters for his married men nurses turned down; with trying to get larger appropriations from the state legislature; with endeavoring to feed and clothe and house 1,200 patients on an appropriation and in quarters designed for 1,000 at the most. He probably has cut down his expenses in every conceivable direction, and he can not see the use of spending money for books which the majority of his patients will not read. And there is this to be said for his point of view, that while there are many educated and cultivated persons in all the state hospitals, the majority of them are foreigners and illiterates from the mill and factory-hand classes and from the slums of the cities. In New York state alone, in 1906, forty-six per cent of the whole number of patients admitted to the New York hospitals were of foreign birth. And I might add, to show the menace of the class of people we are letting into our country, that forty-six per cent of the insane were aliens, while only twenty-six per cent of the whole population of the state were of foreign birth. Add to these the outcasts from the slums and you have a good idea of the make-up of the state hospitals and asylums, and you will not wonder that many superintendents shake their heads when libraries are mentioned.

It would, therefore, seem to be one of the duties of the organizer to prove to the

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superintendent that even if three-fifths of his patients are illiterate, reading should be provided for the educated two-fifths; that she, from her knowledge of books and editions, can provide a thoroughly readable library which will meet the requirements of all classes, from college professors to the dregs of humanity, for a much less sum than he can do it, and from her experience she can interest the patients in books. For after you have the library, you still have a set of people to deal with who lack initiative and must be aroused to interest in anything. She must also impress upon him that shelf-and-book or even accession numbers mean nothing, and that when, as in one library I know, all the books are covered and there is no hint of author or title on the back, the library is converted into a sort of literary grab-bag which is funny to the librarian but exasperating to the patient. She must convince him that an unclassified library represents a tremendous waste, especially when it is not supplemented by a subject catalog. She must be able to prove to him from the experience of other hospitals that the old-fashioned method of letting a library run itself is not conducive to growth and that there must be some one whose chief duties are to the library. She can assure him from figures that he is not getting out of his library what he should, if out of 1,000 patients only 60 use the library during the year and 50 books a week is a large circulation. She can tell him of one hospital of 220 patients which has from 75 to 100 regular readers, not counting nurses and employees, and averages 25 books a day, or 8,900 a year; of another of about the same size which often gives out 50 books a day; of a third, which, with a population of 2,000 gave out last year 15,862 volumes to 344 persons. She can guarantee him that if he will let her weed out obsolete stuff and fill in with the sort of books the patients want and train some patient, nurse or stenographer to act as librarian in her absence at other hospitals, his library circulation will be doubled or trebled the first year.

Having convinced the superintendent of the utility of the organized, central library, the institution librarian is now free to turn her attention to the patients, getting

acquainted with them, learning their tastes in books, interesting them in reading and in pictures. And just here I would say that in the state hospitals the doctors are always glad to have anything new suggested in the way of employment, and that if the organizer can manage it so that the patients can help her in the care of the charging-system, mending and cataloging, her efforts will be much appreciated by all concerned.

The institution organizer will soon find that each hospital differs from every other in construction, management, and especially in the character of illness. The asylums for the chronic insane present the most hopeless feature, yet even here there are enough who read to make it worth while to furnish libraries. Moreover, in the asylums, the nurses have to be taken into account. Their work is so hopeless and uninteresting compared with that in hospitals for acute and recoverable cases that more must be done for them in order to get and keep even ordinarily good attendants. And where, as in many cases, the chronic insane are being transferred to farm colonies way out in the country, far from any city or even large town, the library can, if it will, help very decidedly by offering means of study and education to the nurses and staff as well as diversion to the patients. Therefore, one can venture to buy for an asylum a much better selection of books from the point of view of general culture than for the ordinary hospital.

I have said so often that a hospital library must be formed for entertainment, not for education, that it must be simple in organization and carried along on unconventional lines, that I speak of these points again only to emphasize them. If one looks upon institutional work from the point of view of educative influence it is discouraging work; but if one thinks of it as an adjunct to the therapeutic service of the hospital, as a means of bringing some pleasure or at least forgetfulness of self for a time to an afflicted class and employment for hours which otherwise would be passed in complete idleness and utter dejection, it is inspiring work. But in the selection of books this point of view must be kept always in mind.



Yet this is just what those unaccustomed to hospital conditions fail to grasp. Not three months ago a hospital in a far-off western city sent a representative to see our library and get all the information he could in regard to the sort of books they should put into their beautiful and expensive new buildings. I showed him a list of some 1,200 of our most popular books selected as a basis for the little catalog Miss Carey, Miss Robinson, Miss Waugh and I have made out and annotated, and which is now being printed by the A. L. A. Publishing Board. The first thing he noticed was the omissions. "Why," said he, looking at Science, "you have nothing by Spencer, or Darwin or Huxley on this list. Aren't they the standard thing? Oughtn't I to get them for our library?" "Not if you want a library which will be read," was my prompt reply, and I showed him the records of our sets of these scientists, taken out at the most three or four times in the history of the library.

A year or so ago I attempted to find out from our cards just what was the most popular sort of fiction in our library. Of course the book of the moment is the one read at the moment, so it would be manifestly unfair to include these and I took only those books published prior to 1901. It may interest you to know in their order the 25 most read books, that is, of the old favorites. The date unfortunately excludes Mr. Pratt, the Virginian, Kim, Rex Beach and Oppenheim. They are, The Choir Invisible, Janice Meredith, Saracinesca, Sant' Ilario, Don Orsino, Vanity Fair, The Lilac Sunbonnet, Old Chester Tales, Dr. Lavender's People, When Knighthood was in Flower, The Sowers—taken out 20 times in the last three years; The Seats of the Mighty, The Battle of the Strong, Adventures of Sherlock Holmes, Memoirs of Sherlock Holmes, Treasure Island, Cape Cod Folks and The Right of Way, 22 times; A Little Moorland Princess, Dorothy Vernon, Kidnapped and The Cardinal's Snuff Box 25 times; Richard Carvel 29 times; The Old Ma'amselle's Secret 40 times and The Second Wife by Miss Marlitt 43 times. This shows pretty conclusively that even our people, all of whom belong to the cultivated and educated class, want light, interesting stories of romance and adven-

ture, and the average state hospital reader wants something even lighter than these.

I have been asked again and again if the right reading really cures. One dare not affirm this; its influence is negative rather than positive. But I can say this: I have known of many cases outside as well as in the hospital where persons have been positively harmed by morbid or hysterically sentimental books. Our people are inclined to be pretty emotional anyway, and whatever appeals to that side is to be deplored.

To sum up the qualities which determine the suitability of books for a hospital library, I can do no better than quote from the "Foreword" of the catalog mentioned above:

"In making this list the editors have endeavored to keep in mind the following points:

1. Books in a hospital are for recreation, not for instruction, and therefore should consist principally of fiction, picture books, travel, biography, light and popular science and outdoor books.

2. They must be wholesome—not morbid, or gruesome, or depressing. Good detective stories and tales of adventure, however thrilling, if not horrible, and if they do not make vice attractive, are to be recommended, as they, more than almost anything else, hold the attention.

3. Illustrated books and books of pictures are invaluable, as a patient often will look at pictures when he is too ill to read.

4. The newest fiction is called for and read, yet the old favorites remain much in demand. With so much ephemeral stuff among the "best sellers," it is a delicate task to select the really good novels which will last, and there is a great temptation to fall back on the old and tried books to the exclusion of the more modern. The editors have tried to combine the two in just proportion, and also to give a few titles of the better class of the "second rate" which have proved popular.

5. It is not enough to provide books for those who wish to read. There are always many patients who are unable to take any initiative towards selecting any form of entertainment or employment for themselves, and for these should be provided

light and simple stories which will not tax the brain or require any concentration of attention, but which will serve to stimulate their interest in things outside themselves. These are not necessarily children's books, but often the simple language and quiet wholesomeness of certain books for young people will bridge a patient over this period of mental inadequacy and pave the way towards a real enjoyment of maturer reading.

In addition to these five simple rules for selecting the reading for a hospital library, the editors would emphasize another very important point: Many of the readers will be elderly persons with failing eyesight, who demand large, clear type. This is hard to procure in cheap editions of standard authors and old favorites, but it is suggested that it is well worth while to take a little pains in selection and even to pay a higher price, in order to get an edition of convenient size, shape and weight, in serviceable binding, with large, clear type. Such an edition will last longer and will invite, not repel the reader.

Complete sets of the works of standard authors, with the exception of Shakespeare, Scott, Dickens, and possibly George Eliot, are not recommended for hospitals. Only a few of the more popular stories of each will be read.\*

I want to say just a word in regard to the housing of hospital libraries. Of course the ideal arrangement is a separate building which is open all the time, but I know of only three or four such in the country. In most state hospitals the library was an afterthought and the books are crowded into one or two more or less inaccessible rooms to which the patients can come only once or twice a week and which can not possibly be made attractive. Often there is absolutely no other room to be had in the hospital and the librarian must make the most of it and do her utmost to beautify it with rugs and baskets made by the patients and flowers from the hospital greenhouses. But sometimes a little ingenuity will solve the problem in some such unique

way as in the State Infirmary at Tewksbury, Mass., where the superintendent conceived the idea of moving their very good little library (classified and cataloged too) from its one small dark, inaccessible room in the administration house to the large, light chapel which hitherto stood idle six days in the week. Here low shelves have been built in between the windows on the wide side aisles and stacks fitted into the alcove rooms each side the chancel. Long narrow tables with plenty of books and magazines have been placed in these aisles and the library is now open practically all the time.

The Hospital for Epileptics at Monson, Mass., has met its problem somewhat differently. The superintendent here is having two large sunny rooms fitted up with bookshelves, one for the men where they can smoke and one for the women where they can sew. These shelves will be kept filled with books from the central library (in an office in the administration house which it shares with the medical library) administered by the stenographer-librarian, but under the direct supervision of a patient for each room. The patients themselves are very enthusiastic over the proposed change and have made out lists of books they want.

In Massachusetts, the ideal so far as use of the library goes, is found at the Foxborough Hospital for Inebriates, where only men patients are admitted. Here they have a separate building containing one large room with low bookcases all around it and two tables covered with periodicals and newspapers in the center. Here the men can come when their day's work is over or at the noon hour and read and smoke.

I wish I had time to speak of the importance of interesting the nurses in the library and getting their co-operation, and of the possibility of holding classes on books and reading for them. I know of no hospital where they have time for such classes at present, but there is a movement on foot towards requiring better education as a condition for entering the training schools for the general hospitals, and some day some hospital will inaugurate classes in literature.\*

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\*This prophecy has come true sooner than was expected. In October, 1913, McLean Hospital introduced into its training-school for nurses a course on "The History of the English novel," given by the librarian and designed as a foundation on which to base criticism of current fiction and help the nurses in selecting books for patients.





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